

ASSESSMENT OF SOCIAL FUNCTIONING AT THE  
VETERANS ADMINISTRATION HOSPITAL  
MARION, INDIANA

A THESIS  
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### DEDICATION

To my wife, Mae, whose love, devotion and encouragement has sustained my efforts to attain this goal; to my sons, Donald and Eric, whose genesis has given me renewed hope for a better tomorrow.

#### ACKNOWLEDGEMENTS

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## CHAPTER I

### INTRODUCTION

This study, executed by social work students of Atlanta University School of Social Work, Class of 1964, is the third in a series of such studies designed to test the model for assessment of social functioning. The assessment model was prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work.

...Implicit in the literature is agreement among social work writers that assessment is important because it requires the worker to sift out pertinent facts from a mass of data and to organize these facts in such a way that he can develop an understanding of the phenomena with which he is working. Perlman has stated there is a recognized need for a conceptual scheme or model to be used in practice as one attempts to understand the individual. Werner Boehm has pointed up the importance of assessment by including it as one of the four core activities of all social work.

A review of the literature indicates that there are a variety of terms used to describe what we refer to in this study as assessment. Elements of assessment are utilized by each of the social work methods. One of the most commonly used terms in casework is "diagnosis," which has been defined by Mary Richmond as an attempt to arrive at as exact a definition of the social situation as possible. Investigation, or the gathering of evidence, begins the process. She concludes that critical examination and comparison of evidence is the basis for interpreting and defining the social difficulty.

Helen Perlman defines diagnosis as:

...the mental work of examining the parts of a problem for the import of their particular nature and organization, for the interrelationship among them, for the relationship between them and the means to their solution.

The argument for diagnosis in casework, then to be precise, is simply an argument for making conscious and systematic that which already is operating in us half-consciously and loosely. It is nothing more or less than

bringing into conscious recognition that veritable swarm of intuitions, hunches, insights, and half-formed ideas that we call "impressions;" then scrutinizing them in the light of what knowledge we hold, selecting some as important, casting off others or placing them in our mental filing system for future scrutiny; then putting the pieces together into some pattern that seems to make sense... in explaining the nature of what we are dealing with and relating it to what should and can be done.

From Werner Boehm's book, included in the curriculum studies, we can see how the term assessment is emerging into use in the casework method. Here, he refers to assessment as one of the four core activities in the social casework method, and defines it as the identification and evaluation of those social and individual factors in the client's role performance which make for dysfunction, as well as those which constitute assets and potentialities.<sup>1</sup>

From these three authors, we can see that the basic idea remains the same, only the manner of expression varies. In addition, these writers imply that social caseworkers infer certain aspects of personality from their observation, namely, the adequacy or inadequacy of the client's social functioning. The diagnostic process in casework according to Simon especially lends itself to examination in this light, because it is during this phase of casework service that caseworkers must planfully collect and evaluate data relating to the assessment of personality in interaction with the social situation.<sup>2</sup> The principle underlying this is that one initiates the attempt to understand the individual in his situation from the outside in and the inside out.<sup>3</sup>

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1. Atlanta University School of Social Work, Thesis Statement (Atlanta University, Atlanta, Georgia, July, 1963), p. 1.

2. Bernice K. Simon, Relationship Between Theory and Practice in Social Casework, Mimeograph IV (New York, 1960), p. 24.

3. Ibid., p. 24.

Evaluation, as used in group work, is a term which, though not identical, contains essential elements of assessment, namely the evaluation of the problem.

...evaluation is that part of social group work in which the worker attempts to measure the quality of a group's experiences in relation to the objectives and functions of the agency.....

It calls for the gathering of comprehensive evidence of individual members' growth. Evaluation begins with the formulation of specific objectives for individuals and groups. It is then necessary to clarify the objectives by identifying individual and group behavior which can be properly interpreted as representing growth for the persons involved.

This definition implies that it is necessary to study the individual who is a part of the group in order to assess growth properly. We recognize study as a basic component of assessment.

In Community Organization there are several terms which contain elements of assessment, but the term itself is used infrequently in this particular method of practice. Community Diagnosis is a process of analysis, synthesis and interpretation in which the worker seeks, through a careful review of a body of factual material, to identify evidence of the existence of unmet social needs.

Mildred C. Barry sees diagnosis in Community Organization as involving a clear understanding of the problem, the collection and utilization of facts and consideration of possible approaches and solutions.

Other terms that are utilized in social work which include components of assessment are: study, study-diagnosis, social history, family diagnosis, psycho-social diagnosis, analysis, programming, fact-finding, psychodynamic formulation.

Thus, the variety of terms used in social work to describe the same process reflects the need for a theoretical frame of reference or model for making an assessment of social functioning.

For the purpose of this study, assessment is defined as the identification and evaluation of those socio-cultural factors in role performance which make for social dysfunction as well as adequate social functioning.

In order to work effectively in a particular method, social work must command a considerable and growing body of specific knowledge. It is the responsibility of practitioners and teachers to identify the additional knowledge and theory

essential for practice. Some of this specific knowledge is derived from other disciplines but social workers must select from the total body of knowledge what is relevant for their use and test it out in their practice.

Social work knowledge is drawn from two sources: (1) social work experience and (2) the contribution of other theories and disciplines. This makes for added difficulty in social work assessment. The compartmental lines in social work education are accentuated by their diverse behavioral science roots to which each segment attaches itself. This diversity is compounded by the variety of concepts used and the vagueness of the language. Fuzzy thinking and poor communication are inevitable with such ill-defined concepts.

There is no universal agreement in the field of social work as to what factors should be included in assessment. Abrams and Dana include certain assessment factors in their discussion of social work rehabilitation. Ruth Butler suggest that some of the components which are more readily accepted are motivation, competence in interpersonal relationships and patterns of adaptation. She emphasizes that the task of social work is to select the component which it sees as important to assess when evaluating one's potential for social functioning. Authorities and practitioners are continuously attempting to identify elements of assessment. Harriett M. Bartlett has recently constructed a model which sets forth the elements in assessment in medical social work.

In conclusion, we can say that there is still a great deal of confusion in the field as to the nature of assessment. We can say, however, that the process is used in all three social work methods. From the literature we found that the process is not called "assessment" as such across the board, but other terms are used. These terms seem to be defined differently in the three methods. Still further, there is no set procedure even within a method. Despite all of this, assessment is a definite process in giving social work help, and it requires further investigation.<sup>4</sup>

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4. Atlanta University School of Social Work, Op. Cit., pp. 3-6.

### Purpose of the Study

The purpose of this study is to test the model<sup>5</sup> of assessment of social functioning prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work by finding out what data are included in social work assessment of social functioning. This purpose was accomplished by studying agency records.

### Method of Procedure

The beginning phase of this project was carried out through the participation of thirty-two second year students of the Atlanta University School of Social Work during their six month block field placement.

Before beginning the actual study, a period of time was utilized by the researcher in becoming familiar with the agency's policies, procedures and filing system. The researcher also found it necessary to interview a few of the hospital's employees in order to obtain information, generally, about the history of the agency. After which, more intensive research was carried out in order to collect information relating to the history of the agency.

The data used by the researcher was collected from ten case records of Social Work Service, Veterans Administration Hospital, Marion, Indiana that were closed within a one year span (June 1, 1962 - May 31, 1963).

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5. The kind of model referred to in this study involves the construction of a symbolic record for reaching decisions. It may be seen as "a way of stating a theory in relation to specific observations rather than hypotheses....the model structures the problem. It states (or demonstrates) what variables are expected to be involved." Martin Loeb, "The Backdrop of Social Research," Social Science Theory and Social Work Research (New York, 1960), p. 4.

By limiting the population in this manner, it was assumed that the population from which the sample would be taken would be small as well as representative of the factors of assessment that were currently being utilized by the agency. Moreover, closed records would be more accessible, more complete and therefore more useful for the study.

As each of the two students placed at this agency desired to select fifteen case records from the population, they combined the size of their sample and selected thirty case records employing the method of interval sampling utilizing the formula:  $K = \frac{N}{n}$ , i.e., the width of the sample interval was obtained by dividing the total population of 810 by 30. Each student then randomly selected his five records for the pilot study, and 10 records for the study.

#### Scope and Limitations

This study was limited to 15 case records involving individuals whose cases were closed during the period of June 1, 1962 to May 31, 1963. However, the records used for the study were not designed for research purposes.

The data entered in the schedule represented material which indicated the factors the social worker employed in assessing social functioning of the patient.

The researcher is aware of his limited experience with research procedures as well as his narrow interpretation of the concepts utilized in this study.



## CHAPTER II

### THE SETTING

During Fiscal Year 1963, the Veterans Administration provided hospital care for an average of 113,000 veterans a day.<sup>6</sup> Marion Veterans Administration Hospital participated in such care of veterans, as one of the 168 veterans administration hospitals.

"Care for these people is a bedrock tradition,"<sup>7</sup> and with this traditionalism permeating American thinking, Col. George W. Steele, Representative from the 11th Congressional District, introduced a bill in Congress providing for the construction of a National Home for Disabled Volunteer Soldiers in the Marion area. As an incentive for approval of the bill, free natural gas was offered. The bill was approved by President Grover Cleveland on July 23, 1888, seven months after the bill was introduced.

The sum of \$200,000 was appropriated to purchase the land and construct the original buildings. The measure provided that not less than 200 acres of land should be purchased and a gas well drilled to provide heat and light.

On March 2, 1889, announcement that a site had been selected for the new home was made. The new home would be located on the L. Geiger and

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6. Harry Hansen (ed.), The World Almanac (New York, 1964), p. 742.

7. Edwin P. Neilan, "Let's Say No to the Veterans", Post, (November, 1963), p. 8.



Issac Elliot tracts two and one-half miles southeast of the city.

The government approved the purchase of the site at \$90 per acre. However, persons interested in the home being established in the Marion area contributed an additional \$20 per acre. The site comprised 235.83 acres and was purchased at a cost of \$26,435.30.

Thirty-five disabled veterans were brought to the home on November 23, 1889 and occupied the first building, a temporary one. March 17, 1890 marked the formal opening of the home with 586 "members."

The original plans called for construction of 16 barracks, each 200 by 60 feet, and a chapel, theater, memorial hall, administrative quarters, hospital and gymnasium. Buildings 1,2,3,4,5, and 6 were built in 1889; Building 19,20,21,22,50,60 and the Mess Hall were built in 1890; Building 18 in 1896 and buildings 10,11,12 and 14 in 1898. The theater and greenhouse were erected in 1891 and the chapel in 1899.<sup>8</sup>

General Arthur F. Devereaux began his tenure as the first governor of the home in 1890. Col. Justin H. Chapman succeeded General Devereaux as Governor of the home and held this position until his death in 1904. The governorship was then placed in the hands of the man who was credited with the idea of establishing the institution in the Marion area, Col. George W. Steele.<sup>9</sup>

Before the turn of the century, all of the buildings called for in the original plans had been constructed. These facilities were adequate for

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8. Veterans Administration Hospital, Historical Notes (Marion, Indiana, 1963), p. 1.

9. Ibid., p. 1.

the 2000 members who, in spite of the fact that the home adhered to the prevailing military policy, were free to come and go as they pleased. No buildings were locked and the citizens from Marion and surrounding towns often frequented the grounds for picnics and festivities during various national holidays.<sup>10</sup>

Doctor William Mac Lake was the first civilian to head the institution. He succeeded A. B. Crampton in 1920. Under Dr. Mac Lake's administration, the hospital became a neuropsychiatric hospital in 1921 because of the urgent need of additional facilities for mentally ill veterans. Moreover, its name was changed to Marion National Sanatorium.

The change in the nature of the home necessitated a change in policies. Patients were confined to buildings. Few passes were given. Bars were placed on windows. A fence was constructed to surround the grounds and locks were placed on the once opened front gate. Citizens no longer frequented the grounds for picnics and celebration of national holidays. Instead, the Sanatorium was looked upon with fear and anxiety. Custodial care for the patients was the philosophy of the sanatorium.

Prior to 1930, veterans' benefits were administered by three agencies: The Veterans Bureau, the War Risk Insurance Bureau and the Bureau of Pensions. With the passage of the Consolidation Act of 1930, these three agencies became the Veterans Administration.

This new agency did not foster any change in the policies of the hospital until 1935, when a few wards were unlocked and some of the patients

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10. Dorothy Henderson, "Assessment of Social Functioning in the Veterans Administration Hospital, Marion, Indiana," (Unpublished Masters Thesis, Atlanta University School of Social Work, 1963).

were given ground privileges. When the front gate was opened in 1936, a few patients were given town passes. Here, we begin to grasp a change in philosophy from custodial care to providing psychiatric care and treatment to the veteran.

Presently, the hospital consists of 120 buildings situated on 210 acres of land. This represents an increase of over 100% in the number of buildings constructed since 1910.

Symbolic of the hospital's philosophy of psychiatric treatment and care for the veteran is building 138, constructed in 1958 as an admission and treatment building.

In its quest for better treatment, the hospital underwent a period of reorganization in 1962. The "Unit System" was inaugurated and the twenty-two buildings that housed patients emphasized the total "team approach."

#### Hospital Personnel and Philosophy

The employees of the hospital are divided into various services and divisions under the direction of the Hospital Director, Assistant Director and Chief of Staff. To assist the staff of medical personnel in providing the current complex medical services, the following professional services and divisions have been established: Psychology Service, Physical Medicine and Rehabilitation Service, Chaplain Service, Radiology Service, Pharmacy Service, Laboratory Service, Dental Service, Dietetic Service, Social Work Service, Library Service, Volunteer Service, Nursing Service, Medical Service and Registrar Division, Engineering Division, Personnel Division, Supply Division, Fiscal Division, Housekeeping Division. There is also a Contact Representative and a Canteen Service for the benefit of

the Veterans.

The primary and uppermost purpose of all employees and their activities is pointed toward the direct or indirect treatment of the patients. "To provide patients the highest caliber of treatment, all the modern methods of treating and caring for mental illness are utilized..."<sup>11</sup>

The Unit System with its team approach has pinpointed the philosophy. A century ago, the emphasis was upon custodial care. Today, the Unit System, inaugurated in 1962, divides the Neuropsychiatric Services into three separate entities, each having its own full staff and over-all coordinator of services. The Unit System has fostered a treatment approach which depends on patience and understanding of the problems confronting the patient.

In an effort to accomplish this goal and enhance the calibre of treatment, medical consultants visit the hospital to advise and assist the medical staff.

The Hospital Internship Programs consist of a Social Work Trainee Program wherein the hospital maintains affiliation with Atlanta and Indiana Universities, a Psychology Trainee Program for Post Graduate students from Purdue University and a Corrective Therapy Training Program for Ball State Teachers College students.<sup>12</sup>

#### History of Social Work Services

After the establishment of the Veterans Bureau in 1921, the Medical Advisory Council (eminent physicians not connected with the government)

11. Veterans Administration Hospital, VAVS Guidebook (Marion, Indiana, 1964), p. 5.

12. Henderson, Op. Cit., pp. 14-15.

recommended that social services become an integral part of the medical program.<sup>13</sup> However, it was not until 1926 that Civil Service Standards were formulated for social workers, and Miss Irene Grant became the first social worker in the Central Office in Washington, D.C.

Prior to the establishment of social service in the Marion Hospital, the Red Cross carried on the Social Work Program. Their records indicated that they had a program which fairly met the needs of the patients but they were concentrated on social histories, contact with families and writing newsy letters home to relatives of patients.<sup>14</sup>

There is no record as to who served as the first social worker at Marion. However, when Miss Snapp transferred to Marion from Veterans Administration Hospital in Roanoke, Virginia in 1936 to assume her duties as Chief of Social Work Services, Miss Bernita Ogilbee had already been at VA Hospital, Marion several years as a social worker.

The responsibility of these early workers were tremendous: social surveys for adjudication boards, Diagnostic Centers, etc. In addition, hospital social service to 2000 patients was exhausting.

In 1937, purely for organizational reasons, hospital social workers were assigned to "territory" in which they were responsible for all surveys. This allocation of territory to the hospital social worker forced the social worker to acquire knowledge of resources or lack of them in

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13. Harold Menefee, "A Study of Social Assessment at the Veterans Administration Neuropsychiatric Hospital, Marion, Indiana," (Unpublished Masters Thesis, School of Social Work, Atlanta, University, 1962).

14. Ibid., p. 12.

in the veteran's own community.

With the increase in the patient population as a result of World War II, the Regional Office was informed that Marion Veterans Administration Hospital could no longer carry on field work for the Regional Offices. This decision was made in 1942 and it later became policy that all field work (except some trial work in the immediate vicinity) would be handled by the Regional Office.<sup>15</sup>

Increased staff was authorized in 1953 following which the staff was enlarged to seven workers including a Chief and Case Supervisor.

The current Chief of Social Work Services, Mr. Abraham Zuckerman succeeded Miss Snapp when she retired in 1957. The professional staff consisted of only two workers, including the Chief at that point. Today, the staff consists of 9 workers, a Chief and Assistant Chief.

The Social Work Program has a broad base and Mr. Zuckerman projects the need to double the present number of workers in order to support in depth Casework and Group Work activities of Social Work Service and to increase the exit programs.

In 1957, a foster care program was developed in an effort to place veterans with no home or relatives to return to, in homes in the Marion area.

The community accepted the program and the number of veterans placed in foster homes increased from two veterans in such homes in 1957 to twenty-two in 1958. In 1959, forty-seven were placed and forty-six the following year. In 1961 and 1962, the number of placements continued to rise and in 1963, 110 patients were placed in the various elements of the

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15. Ibid., p. 13.

### Community Residence Program.

To date, more than 450 patients have been placed in Community Residence Homes and sponsors are spread through the surrounding communities. Such enthusiasm over this program has developed that one sponsor has appeared on a state-wide television program.

### Philosophy and Method of Assessment in the Social Work Service Department of the Veterans Administration, Marion, Indiana

Overwhelmingly, assessment of social functioning by the Social Service Department at the Marion Veterans Administration Hospital adheres to psycho-social diagnosis. No particular psychiatric theory is held as paramount. "Our frame of reference is eclectic and our emphasis is on strengths and assets remaining to the patient and not on his illness."<sup>16</sup>

The Department is aggressive and energetic and supports change when change is for the betterment of the veteran. The most important tool in making an assessment of social functioning is the "Present Social Situation" in the Admission Summary. This section is confined to the veteran's social condition. Here, an evaluation of assets and liabilities are entered and the worker makes a determination as to what he has to work with. Of course, the worker's experience is a factor limiting or giving support to intensity.

There is a contribution and ever growing adherences to Social Work

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16. Interview with Abraham Zuckerman, Chief of Social Work Service, Veterans Administration Hospital, Marion, Indiana. January, 1964.



values and concepts relating to the individual. The intent is not to transform personality but decrease aberrations to the point where the veteran can function in his surroundings. He is helped to accept his limitations when nonacceptance would lead to rehospitalization.<sup>17</sup>

#### Nature of Problems

The nature of the problems as exemplified in the ten cases utilized in this study centered predominantly on trial visit, home evaluation and domestic affairs. These problems appeared two or more times in a determination of the problems involved in discharge of the patients and admission summaries.

The focusing on problem areas, as a tool in assessing social functioning, was controlled by the worker, who, in a final determination of the problem confronting the patient, did not always focus on the problem presented by the patient. Therefore, in a greater number of instances, the problem confronting the patient was determined by the social worker in the agency.

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17. Ibid., January, 1964.



## CHAPTER III

### THE CONTENT ANALYSIS OF THE DATA

In this chapter, the data collected in the assessment schedule will be presented in rudimentary tables. Definitions of the twenty-two factors will be given and each factor analyzed to determine the content of assessment as used in the agency.

#### Personality Factors Innate and Genetic Potential

Intellectual Potential: The degree of adequacy to function in situations that require the use of the following mental activities: (a) perception, i.e. conscious awareness of the relationship between events and/or objects; (b) the ability to deal with and use symbols; (c) the overall ability to mobilize resources of the environment and experiences into the services of a variety of goals (problem-solving); (d) that which can be measured by an I.Q. test.<sup>1</sup>

Menninger states "...intelligence is more than memories properly received, recorded, and reproduced. It is the capacity to use them in facilitating the adjustment of the whole personality to the requirements of a situation."<sup>2</sup>

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1. Atlanta University School of Social Work, Thesis Statement, (Atlanta University, Atlanta, Georgia, July, 1963), p. 17.

2. Karl A. Menninger, The Human Mind, (New York, 1949), p. 191.

With these definitions in mind, the schedule utilized in collecting excerpts of intellectual potential revealed the following:

<u>Categories</u>	<u>Number</u>
Perception	10
Use of Symbols	4
Mobilization of Environmental Factors	4
Tests and Measurements	3
Total	<u>21</u>

The schedules were designed so that a maximum of 30 excerpts could be recorded in each schedule. However, only twenty-one (21) excerpts under Intellectual Potential were secured. Perception revealed the highest number, 10.

The nature of the hospital's treatment, which is overwhelmingly psychiatric, necessitates a focus upon the individual's ability to perceive because deficiencies in perception...cause trouble in three ways. First of all, they cause the individual to lose entirely certain stimuli, certain signals, certain information. Secondly, they make necessary a considerable waste of energy in the effort voluntarily to overcome the handicap...and, finally, all such deficiencies, like all other human deficiencies, bring about emotional reactions on the part of the individual which are usually unhappy.<sup>3</sup>

An excerpt, for example, might clarify this. "Rather than set his aims too high for employment, he was willing to be more realistic and seek a semi-professional job which would not deal out pressures which would again cause him to become emotionally ill....."

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3. Ibid., p. 167.

It is felt that these factors, based upon the data obtained, were operating in the social worker's frame of reference when assessing the individual's intellectual Potential.

Basic Thrusts, Drives and Instincts: This factor was defined as tendencies present or incipient at birth to respond to certain stimuli or situations; the innate propensity to satisfy basic needs, e.g. food, shelter, love, security.<sup>4</sup>

...We start out with the proposition that at the back of all living things there is an energetic drive to accomplish certain ends, which brings about a state of tension within the individual until its gratification is achieved.<sup>5</sup>

Linked to our memories, and hence to our perceivings and resolvings, there are certain secondary sensations and bodily changes called emotions.<sup>6</sup>

Some problems arouse high feelings in a person---emotions so strong that they overpower his reason and defy his conscious controls..... In such instances the caseworker needs both to relieve the person's feelings and to lessen the impact of the problem so that the person may begin, with casework sustainment, to try to "see straight....."<sup>7</sup>

Implication for satisfaction of emotional needs are suggested here and the data obtained tends to bear out the fact that such was the situation in only two cases containing four excerpts:

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4. Atlanta University School of Social Work, Op. Cit., p. 17.

5. Menninger, Op. Cit., p. 274.

6. Ibid., p. 165.

7. Helen Periman, Casework, (Chicago, 1957), p. 56.

<u>Categories</u>	<u>Number</u>
Motivation for Attainment of Goals	0
Satisfaction of Physiological Needs	0
Satisfaction of Emotional Needs	4
Total	<u>4</u>

Though there was no indication in the case records that elimination of emotional feelings was instigated by the worker, there is an indication that the worker recognized emotional needs: "From description, he was emotionally deprived by his mother who was very temperamental....."

It is the impression of the researcher that, based upon the data obtained in the above categories, little emphasis was placed upon these needs, or, that, in the cases which produced no excerpts, the needs of the patient did not fit appropriately under Basic Thrusts and Drives.

Physical Potential: This factor is defined as general physical structure, size, skeleton and musculature; racial characteristics; bodily proportions; temperament; tempo; energy and activity level; bodily resilience and resistance.<sup>8</sup>

The client's physical capacity is probably easiest to assess certainly the easiest on which to get specific expert opinion. Except as the problem brought by the client is that of his physical condition, what needs appraised is chiefly whether or not the client has physical energies free to invest in work on his problems or whether his energies are being consumed by sickness or by the debility and exhaustion that are the toll of physical or emotional deprivations....<sup>9</sup>

8. Atlanta University School of Social Work, Op. Cit., p. 17.

9. Perlman, Op. Cit., p. 196.

<u>Categories</u>	<u>Number</u>
Physical Characteristics	8
Temperament	2
Energy and Activity Level	3
Resilience and Resistance	<u>1</u>
Total	14

Though only 14 excerpts were secured under this factor, physical characteristics produced twice as many excerpts (8) as the remaining categories. Energy and Activity Level, which produced three (3) excerpts was second. Temperament and Resilience and Resistance produced three (3) excerpts, two (2) and one (1) respectively.

"He was described as being rather robust as a child."

From the data secured, the writer is of the opinion that a close correlation between physical characteristics and energy and activity level was conceived of by the worker as indicative of good potential for physical functioning.

The nature of some referrals, for example to the Domiciliary, requires that physical functioning with a minimum of assistance be an asset of the patient.

Physiological Functioning: This factor is defined as a description of bodily function, normal and abnormal, health or illness according to the stage of development and effect it has on social functioning.<sup>10</sup>

...It is obvious that accidents, diseases, or defects which primarily affect the physical structure of the body impair the adaptive capacity of the individual.... It is entirely possible that accidents "caused him to change his way of living, his attitudes, his techniques, perhaps, even his whole life program...."<sup>11</sup>

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10. Atlanta University School of Social Work, Op. Cit., p. 17.

11. Menninger, Op. Cit., p. 37.

The data obtained under physiological functioning revealed:

<u>Categories</u>	<u>Number</u>
Bodily Function	9
Health-Illness	5
Total	<u>14</u>

"He no longer nervously, rhythmically rubs his legs, doesn't feign sleep while sitting in a chair..."

A greater portion of the excerpts obtained pertained to Bodily Function. With an awareness of the nature of the agency and the role the social worker plays in treatment and exit planning, it is the opinion of this writer that such a focus is rewarding in that,....there are certain physical diseases, the first lesions and often the first symptoms of which are physical, but which soon manifest themselves conspicuously in disorders of perception, thinking, feeling and behavior....<sup>12</sup>

Ego Functioning (Intra-psyche adjustment): This factor is defined as patterns developed for reacting to stress and restoring dynamic equilibrium, e.g., adaptive or defense mechanisms, e.g., regression, sublimation, denial, displacement, regression, reaction, formation, etc.<sup>13</sup>

Ego psychology provides us with a comprehensive approach to understand how the human personality deals with the complicated network of forces and counter-forces from instincts, conscience, and the larger sociocultural environment....<sup>14</sup> The ego operates "to resolve as to quiet conflict within the self and to mobilize and express drives in ways that

12. Ibid., pp. 38-39.

13. Atlanta University School of Social Work, Op. Cit., p. 17.

14. Howard J. Parad, ed., Ego Psychology and Dynamic Casework. (New York, 1962), p. 2.

are satisfying to the self and to the external world.....<sup>15</sup>

It is readily recognizable that such a component in personality structure of the individual, when healthy, is a tremendous asset in mastering ordinary demands and stresses.

Information pertaining to ego functioning is as follows:

<u>Categories</u>	<u>Number</u>
Defense Mechanisms	13
Adaptive Mechanisms	1
Total	<u>14</u>

Thirteen of the excerpts obtained, relating to ego functioning were classified under defense mechanisms. One under adaptive mechanisms. Such a classification is based upon the writer's lack of complete understanding of what the caseworker was conveying in the record. Also, rather than apply too much of a personal interpretation to the record, the general characteristics of the excerpts fit comfortably under defense mechanisms.

For example, "He had many close calls and the only way he could keep up his courage was to keep himself perpetually angry and he could cover up his fears in that fashion."

It is the opinion of the writer that caseworkers in the agency were aware of the need to assess the ego functioning of the patient because "...it provides (them) with an understanding of ego defenses against various kinds of anxiety and the part they play in everyday social functioning....."<sup>16</sup>

Internal Organization of the Personality: This factor is defined as the degree of organization of parts of personality such as id, ego and

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15. Ibid., p. 14.

16. Ibid., p. 2.



super-ego into a whole; personality integration, e.g., flexibility vs. rigidity of ego functioning, capacity for growth.<sup>17</sup>

...the forces of the human personality combine in three major functions: (1) the life-energies that seek satisfactory outlets; (2) the check system, automatic or voluntary, that halts, modifies, or rechannels these drives to make their ends acceptable to their owner and his environment; and (3) the organization and governing operation that control the negotiations and balances within a person himself, as between what he wants and what he can or ought to do, and between himself and his physical and social environment....The harmonious, concerted action of these forces in us makes for personal and social balance and competence; their discord or faultiness is revealed in behavior that is personally thwarting or socially unacceptable....<sup>18</sup>

<u>Categories</u>	<u>Number</u>
Capacity for Growth	12
Personality (Organization--Integration	5
Total	<u>17</u>

"The veteran's personal adjustment remains the same...he remains in good contact with reality...."

This excerpt is somewhat typical of those obtained under Capacity for Growth, that is, each contained an element as implied in Capacity for Growth. As for the integration of the personality, only five (5) excerpts were secured. However, with a focus on social functioning, the caseworker, as evidenced categorically, assessed the patient's ability to function in social situations rather than concern himself (worker) in any great detail with the organization and relationship of personality components.

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17. Atlanta University School of Social Work, Op. Cit., p. 18.

18. Parad, Op. Cit., p. 10.



Degree of Maturity: This factor was defined as the extent of social emotional, intellectual and physical development toward maximum potential, defined by society on the basis of normal for various age levels and reflected by one's role performance and/or behavior pattern.<sup>19</sup>

The person's "being and becoming" behavior is both shaped and judged by the expectations he and his culture have invested in the status and the major social roles he carries.....Every person occupies some position in a social category of status and role. His status at any time is that combination of his sex, age, economic class, and so on, and certain expectations of responsibilities and privileges accrue to it. His social role consists of the major function he carries at a given time with its broadly designated behaviors, responsibilities, and rewards...<sup>20</sup>

<u>Categories</u>	<u>Number</u>
Role Performance	10
Stage of Development	4
Total	<u>14</u>

Of the 14 excerpts collected under Degree of Maturity, ten (10) pertained to role performance and four (4) to stage of development. An excerpt pertaining to role performance follows: "Apparently he continued to carry out his role of husband and father in a fairly adequate manner until about a year ago...."

The patient's presenting problem (The patient indicated he sought hospitalization because of dizziness and toothache as well as because of domestic problems) indicates he was aware of his deterioration in relation to performing his social role.

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19. Atlanta University School of Social Work, Op. Cit., p. 18.

20. Parad, Op. Cit., p. 22.

Except as a person is disoriented by emotional disorders or mental incapacity, everyone brought up within a given society comes to know what the general requirements of his status and role are supposed to be....<sup>21</sup>

The ten (10) excerpts secured from the ten cases tend to indicate a laxity on the part of the workers to assess and evaluate the patient's role performance. These roles are important in themselves, in that they are forms in which man "finds self expression as a social being."<sup>22</sup>

Self-Image: This factor was defined as the dynamic evaluation of one-self, mostly derived from action and speech of those who directly affect us. It encompasses the attitudes of others toward the self, and the self's responses toward these attitudes. It is composed of unconscious, pre-conscious and conscious material. It can be described by: (a) the objectivity with which he views himself, this includes insight, self-awareness; (b) sense of identity as manifested by his role performance; (c) self-confidence or sense of one's capacities and (d) sense of meaning or purpose; philosophy of life.<sup>23</sup>

Haimowitz and Haimowitz define self as:

....the clarity of the individual's conception of self (identity); the extent to which he remains a stable set of internal standards by which he acts; the degree to which he is self-directed and self-controlled in his actions; his confidence in and reliance upon himself; the degree of self-respect he maintains; and the capacity for recognizing real threats to self and of mobilizing realistic defenses when so threatened....<sup>24</sup>

21. Ibid., p. 23.

22. Ibid., p. 24.

23. Atlanta University School of Social Work, Op. Cit., p. 18.

24. Haimowitz and Haimowitz, Human Development, (New York, 1960), p. 58.

Categorically, the excerpts under self-image are:

<u>Categories</u>	<u>Number</u>
Objectivity	0
Sense of Identity	2
Self-Confidence	2
Sense of Meaning	2
Total	<u>6</u>

Only six (6) excerpts were located in the records pertaining to self-image. They were divided equally among sense of identity, self-confidence, and sense of meaning.

A search of the literature indicated the importance of this factor to the patient and implied the necessity for the worker to assess this factor in determining the degree to which the patient's social relations and functioning, positive or negatively, hinges upon his self-image.

Self-image was not too strongly assessed. "He felt quite inadequate and inferior at times" is exemplifiable of the excerpts under this factor.

It is the opinion of the writer that this factor was of minor importance in assessing the patient's social functioning.

Patterns of Interpersonal Relations and Emotional Expression Related Thereto: This factor was defined as the reciprocal relationship between individuals in social situations and the resulting, reactions, e.g., acceptance, rejection, permissiveness, control, spontaneity, flexibility, rigidity, love, hate, domination, submission, dependence, independence, etc.<sup>25</sup>

Excerpts obtained under this factor are as follows:

<u>Categories</u>	<u>Number</u>
Formulation of Reciprocal Relations	16
Involvement in Social Situations	3
Total	<u>19</u>

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25. Atlanta University School of Social Work, Op. Cit., p. 18.

Perlman states....social relationships depend heavily on one's ability consciously to appraise and manage one's self in relation to others. This, in turn, depends upon the ability to communicate accurately what one senses, feels, thinks and does.<sup>26</sup> Perlman's thought is exemplified in the following excerpt: "The relationship also served to relieve the patient of anxieties centering around leaving the hospital."

Excerpts exemplified an awareness of the need for the ability to form and sustain relationships. This is evident in the sixteen (16) excerpts categorized under formulation of reciprocal relationships. Focus on this factor dominated the excerpts obtained and indicated a strong awareness on the part of the worker to assess the patient's capacity for formulating meaningful relationships.

Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Appropriate Feelings for Each (in the form of attitudes)<sup>27</sup>

A search of social work folders revealed only three excerpts under this category:

<u>Categories</u>	<u>Number</u>
Acceptance-Rejection (attitudes)	2
Conformity--Non-Conformity (Behavior)	1
Total	<u>3</u>

It appears evident that this factor is not utilized to its fullest in assessing social functioning of the patient. Only two excerpts under Acceptance-Rejection were found and only one (1), under Conformity--Non-conformity.

An excerpt classified under acceptance-rejection reads: ....she

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26. Perlman, Op. Cit., p. 194.

27. Atlanta University School of Social Work, Op. Cit., p. 18.

(wife of patient) indicated that he (patient) should not worry about this (having sexual relations with his daughter) as her uncle and her father had done the same thing to her when she was young...."

### SOCIO-CULTURAL FACTORS

Belief: This factor was defined as prevailing attitude or conviction derived from the culture; acceptance of something as true, by reason of sentiment or rational conviction rather than positive knowledge. Such beliefs determine an individual's thinking about feeling, customs, and patterns of behavior, etc.<sup>28</sup>

Excerpts gathered under this factor were classified under two categories:

<u>Categories</u>	<u>Number</u>
Reasoned--Non-Reasoned Continuum	1
Implications for Role Performance	2
Total	<u>3</u>

Of the three excerpts obtained from the ten records utilized in this study, it is quite evident that no significant priority exists between the categories. However, it is noteworthy to state that this factor is utilized in the agency in making an assessment of social functioning. For example, "This (patient having sexual relationships with his daughter) went on for a period of time....until he began having strong guilt feelings....."

The caseworker must understand his client in relation to those social operations in which he is encountering problems... Furthermore, it is as the caseworker takes full measure of his client in his roles other than that of client....that he will be better able to see the potentials in this person

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28. Ibid., p. 18.

and in his milieu for gratification in social functioning.<sup>29</sup>

Values: The believed capacity of any object to satisfy a human desire, any object (or state of affairs, intangible ideal) of interest. Social values are those which are commonly internalized by members of the system or sub-system to which members conform in their behavior.<sup>30</sup>

An integral part, and often times an implicit part, of any assessment is the evaluation of the client or patient's value system and belief capacity. To be sure, evaluation is always in terms of something--either people or objects.<sup>31</sup>

The fundamental unshakable value that undergirds all of the helping professions is that every person inherently has the capacity to change, and that he himself determines whether or in what way he will change in relationship to others.<sup>32</sup>

A categorization of excerpts obtained under this factor is as follows:

<u>Categories</u>	<u>Number</u>
Reason-Non-Reasoned Continuum	1
Implication for Role Performance	3
Total	<u>4</u>

An example of an excerpt classified under Implication for Role Performance reads "The veteran's oldest daughter recently went away to attend Indiana University...the...oldest son...began attending...Indiana University...the veteran seems pleased with this fact...."

29. Periman, Op. Cit., p. 25.

30. Atlanta University School of Social Work, Op. Cit., p. 19.

31. Morris Jeff, "Assessment of Social Functioning in the Veterans Administration Hospital, Marion, Indiana" (Unpublished Masters Thesis, Atlanta University, School of Social Work, 1963).

32. Helen Phillips, Essential of Social Group Work Skill (New York, 1957), p. 44.



Some significance was given to this category by the social workers in the agency but the ten (10) schedules elicited only four (4) excerpts. One pertaining to Reasoned--Non-reasoned Continuum and three under Implications for Role Performance.

The philosophy in assessing the patient's social functioning, in relations to this factor, is maintained. However, excerpts indicate a minimal involvement with this factor.

Activity-Patterns: This factor was defined as standardized way of behaving under certain stimuli or in certain interactional situations, which is accepted or regulated by the group or culture.<sup>33</sup>

Only two excerpts were obtained under this factor and both were classified under:

<u>Categories</u>	<u>Number</u>
Acceptable--Non-acceptable Continuum	0
Relationship Effect on Primary or Secondary Membership	2
Total	<u>2</u>

There are certain implication involved in this factor which should challenge the worker to assess the patient's social functioning in relation to those he interacts with and responds to: his feelings and attitudes as a result of such interaction.

...Within the continuous give and take of all these relationships the endowments we bring into the world are nourished or starved, developed or dwarfed. Our ideas of what we need and want, our standards of behavior and our valuations of status, achievements, and even security, our sense of psychological

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33. Atlanta University School of Social Work, Op. Cit., p. 19.

well-being or imbalance--all these are fashioned by what we absorb from interaction with the attitudes and ideas of the people with whom we grow and live....<sup>34</sup>

An excerpt reads: "The veteran and his wife separated on several occasions, yet she would always accept him back...."

Family: This factor was defined as a social group composed of parents, children, and other relatives in which affection and responsibility are shared.<sup>35</sup>

<u>Categories</u>	<u>Number</u>
Composition	10
Interaction	6
Total	<u>16</u>

The number of excerpts obtained under this factor certainly attest to the workers' position and interaction as a factor in assessing social functioning.

An example of an excerpt classified under Composition reads: "They have three children, two sons and one daughter, age range 3-10 years...."

Perlman states:

...many marital relationships are established to escape anxiety; that the marital partner or the children may serve the purpose of saving the individual from neurotic or psychotic breakdown; that the family as a whole may serve as a bastion against strains and so uphold the weak ego of one of its members; or that there may be too much unconscious compliance with family patterns....<sup>36</sup>

Educational System: This factor was defined as the social organization

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34. Perlman, Op. Cit., p. 18.

35. Atlanta University School of Social Work, Op. Cit., p. 19.

36. Perlman, Op. Cit., p. 18.



directed toward the realization of the socially accepted values by means of training in knowledge, attitudes, and skills.<sup>37</sup>

<u>Categories</u>	<u>Number</u>
Attitudes toward Learning	6
Level of Achievement, Adjustment	9
Total	<u>15</u>

The excerpts obtained under this factor indicate that the social worker considered this factor to be an important element in assessing social functioning.

Though there is no significant priority given in assessing the patient's social functioning in relation to education, as evidenced in the number of categorized excerpts, the social worker recognizes that educational adjustment during high school and college years is a prerequisite to best vocational--and emotional--adjustment later on.<sup>38</sup>

An excerpt reads: "He completed high school, attended Indiana University...graduated from Teachers College in Minnesota..."

Peer Group: This factor was defined as a group whose members have similar characteristics as to age, sex, etc., e.g., friendship groups, cliques, gangs.<sup>39</sup>

The embarkment of an individual into a group and the subsequent interaction therein gives the worker insight into interactional patterns of the patient with his peer group.

37. Atlanta University School of Social Work, Op. Cit., p. 19.

38. James C. Coleman, Abnormal Psychology and Modern Life, (Chicago, 1956), pp. 69-71.

39. Atlanta University School of Social Work, Op. Cit., p. 19.

The individual's interaction with people of the same age and sex are of vital significance. It is largely through group membership and social "reality testing" that the individual learns, the skills necessary for getting along with other people.<sup>40</sup> As an example "...got along with his peers..."

<u>Categories</u>	<u>Number</u>
Interactional Pattern	3
Type (Structured--Unstructured)	0
Total	<u>3</u>

Only three excerpts were obtained under this factor and all three were classified as encompassing elements of Interactional Pattern, which adheres to the agencies philosophy of assessing social functioning.

Ethnic Group: This factor was defined as a group which is normally endogamous, membership being based on biological or cultural characteristics and traditions.<sup>41</sup>

King states they can:

...be thought of in terms of sub-groups or sub-cultures within the society with distinctive features in terms of customs, values, habits, folkways, expectations for behavior, beliefs, and attitudes. Sometimes these sub-cultural features may be like those of one's own groups; often they are different, but in any case they provide the individual who exemplifies them with a way of perceiving the world.<sup>42</sup>

Only ten(10) excerpts obtained under this factor and all were classified thusly:

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40. Coleman, Op. Cit., p. 12.

41. Atlanta University School of Social Work, Op. Cit., p. 19.

42. Stanley H. King, and Eleanor E. Cockerill, "Major Social Roles and Groups that Affect Perception," Perception of Cultural Implications for Social Caseworkers in Medical Settings. (New York, 1960), p. 60.

<u>Categories</u>	<u>Number</u>
Biological Characteristics	10
Socially Imposed Characteristics	0
Interactional Patterns	0
Total	<u>10</u>

A typical excerpt classified under this factor reads "This...white..."

Based upon this Ethnic classification by the social worker in the agency, the remaining nine (9) excerpts and the excerpt just mentioned were classified under biological characteristics.

Class: This factor was defined as a horizontal social group organized in stratified hierarchy of relationships.<sup>43</sup>

There were no excerpts located in the social service records within the time span under study (June 1, 1962 to May 31, 1963) that indicated the worker utilized this factor in assessing the patient's social functioning. However, position in the stratification hierarchy is one of the important facts circumscribing the formation of personality and the freedom of action of the person.<sup>44</sup>

<u>Categories</u>	<u>Number</u>
Stratification Status	0
Behavioral Indications	0
Total	<u>0</u>

Territorial Group: This factor was defined as a locality group which had developed sufficient social organization and cultural unity to be considered a regional community.<sup>45</sup>

43. Atlanta University School of Social Work, Op. Cit., p. 20.

44. Coleman, Op. Cit., p. 342.

45. Atlanta University School of Social Work, Op. Cit., p. 20.

No excerpts were obtained under this factor.

<u>Categories</u>	<u>Number</u>
Designation of Area	0
Behavioral Indications	0
Total	<u>0</u>

Economic System: This factor was defined as a system concerned with the creation and distribution of valued goods and services, e.g. employment and occupation.<sup>46</sup>

Twenty-three excerpts were obtained under this category. Ten pertained to status of employment and ten, financial status; three (3) pertained to behavioral indications.

Indications point to the social worker's assessment of social functioning under this factor with equal emphasis placed upon status of employment and financial status. It certainly stresses the fact that the socio-economic status of an individual has a bearing on his social functioning. The social workers were concerned with areas of work or occupation, work habits and ability to handle money. "The veteran remains unemployed..." is an example of excerpts found under this factor.

<u>Categories</u>	<u>Number</u>
Status of Employment	10
Financial Status	10
Behavioral Indications	3
Total	<u>23</u>

Governmental System: This factor was defined as governmental units, e.g. courts, police, various forms of governmental and political parties.<sup>47</sup>

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<sup>46</sup>. Ibid., p. 20.

<sup>47</sup>. Atlanta University School of Social Work, Op. Cit., p. 20

Laws, and political beliefs are important components of the American culture. Therefore, they have a bearing on the individual's functioning and demand assessing. In the categories that follow, considerable emphasis is placed upon units. This is typified in the excerpts: "The veteran..."

<u>Categories</u>	<u>Number</u>
Units	15
Political Ideology	0
Behavioral Indications	5
Total	<u>20</u>

Religious System: This factor was defined as the system which is concerned with symbols, doctrines, beliefs, attitudes, behavioral patterns, and systems of ideas about man, the universe, and divine objects, and which is usually organized through organization.<sup>48</sup>

<u>Categories</u>	<u>Number</u>
Membership or Affiliation	11
Expression of Beliefs	1
Behavioral Indications	1
Total	<u>13</u>

Religion exists in every culture, although the specific beliefs and propitiatory practices vary radically from society to society. To the individual, religion brings deep emotional security in a changing, sometimes strange, and often frightening world; to the society, religion presents an authoritative rationale for moral order.<sup>49</sup>

There is an indication that religion is a factor in assessment of the patient's social functioning. Membership or affiliation shows a considerable higher number of excerpts than the remaining categories.

In conclusion, this chapter has presented a factor by factor presenta-

48. Ibid., p. 20.

49. John F. Cuber, Sociology: A Synopsis of Principles (New York, 1955), p. 103.

tion and analysis of each factor and attempted to show through documentation why these twenty-two factors should be included in assessing the social functioning of the individual.

Two factors, Class and Territorial Group, produced no excerpts that could be recorded in the schedule utilized in selecting data from the social service records in the Veterans Administration Hospital, Marion, Indiana.

## CHAPTER IV

### ANALYSIS OF DATA

This chapter is designed to analyze the content of the ten schedules according to the eight items on the schedule, i.e., Incidence of Data, Person Discussed, Location of Data, Stage in Contact, Origin of Data, Source of Data, Breadth of Data and an Interpretation of Data Obtained. These findings will be described and depicted in tables.

#### Incidence of Data

This table indicates the number of excerpts found for each factor and the number of schedules containing one, two and/or three excerpts of data.

Ten schedules were found to reveal no data pertaining to factors of Class and Territorial Group listed under Socio-Cultural Factors.

Under Personality Factors, a total of 126 excerpts of data were found. Under Socio-Cultural Factors, 109 excerpts of data were obtained.

The focus under Personality Factors is upon the Intellectual Potential, Internal Organization of the Personality and Patterns of Interpersonal Relationships.

Economic System under Socio-Cultural factors dominates the focus of the social worker followed closely by governmental system and family.



TABLE I  
INCIDENCE OF DATA

Factors	Total Incidence	Schedules with Data			Schedules with no Data
		One	Two	Three	
<u>Personality</u>					
Innate or Genetic Potential					
Intellectual Potential	21	2	2	5	5
Basic thrust, drives and instincts	4	1	0	1	8
Physical Potential	14	5	3	1	1
Physiological Functioning	14	3	1	3	3
Ego Functioning					
Identifiable Patterns for Reacting to Stress	14	2	3	2	3
Internal Organization of the Personality	17	2	3	3	2
Degree of Maturity	14	1	2	3	4
Self Image	6	2	2	0	6
Patterns of Interpersonal Relationships	19	1	3	4	2
Internalization of Culturally Derived Beliefs, Values, Activity Patterns, Norms, and Appropriate Feelings for Each	3	1	1	0	8
Sub-Total	126	20	20	22	38

TABLE I -- Continued

Factors	Total Incidence	Schedules with Data			Schedules with no Data
		One	Two	Three	
<u>Socio-Cultural Factors</u>					
Cultural Derivations					
Beliefs	3	1	1	0	8
Values	4	1	0	1	8
Activity - Patterns	2	0	1	0	9
Social Structure and Dynamics					
Family	16	2	1	4	3
Educational System	15	0	3	3	4
Peer Group	3	3	0	0	7
Ethnic Group	10	4	3	0	3
Class	0	0	0	0	10
Territorial Group	0	0	0	0	10
Economic System	23	3	1	6	0
Governmental System	20	4	2	4	0
Religious System	13	8	1	1	0
Sub-Total	109	26	13	19	62
Grand Total	235	46	33	41	100

### Person Discussed

This table was designed with four categories pertaining to the person discussed; patient, wife, other relatives and others--non-relatives.

Under Personality Factors, a total of 126 excerpts was secured. Of that total, 119 excerpts pertained to the patient, seven to the wife of the patient. This focus is continued under Socio-Cultural factors.

Socio-cultural factors produced a total of 109 excerpts and 103 of that total pertained to the patient, three to the wife. This division, Socio-Cultural, produced the only references to other relatives and non-relatives, a total of thirteen excerpts.

Overwhelmingly, the focus of the social worker in discussing the patient with significant others is upon the patient.

### Location of Data

This table was set up into five categories pertaining to where excerpts of data were located: Summary, Trial-Visit Summary, Communication (letters), Referral Data and Other Discipline's Report.

Sixty-eight of the 126 excerpts were located in the summary listed under personality factors. It is interesting to note that 20 of the 68 excerpts were contained in communications and 17 in referral data.

Under Socio-Cultural factors, seventy-four excerpts were obtained from summaries and 17, the second highest, from referral data and only six from communication.

TABLE 2  
Person Discussed

Factors	Total Incidence	Number of Excerpts			Other non- Relatives	Schedules with no Data
		Patient	Wife	Other Relatives		
<u>Personality</u>						
Innate or Genetic Potential						
Intellectual Potential	21	21	0	0	0	1
Basic Thrust, Drives and Instincts	4	3	1	0	0	8
Physical Potential	14	14	0	0	0	1
Physiological Functioning	14	14	0	0	0	3
Ego Functioning						
Identifiable Patterns for Reacting to Stress	14	13	1	0	0	0
Internal Organization of the Personality	17	15	2	0	0	2
Degree of Maturity	14	14	0	0	0	4
Self-Image	6	6	0	0	0	6
Patterns of Interpersonal Relationships	19	18	1	0	0	2
Internalization of Culturally Derived, Beliefs, Values, Activity-Patterns, Norms, and Appropriate Feelings for each	3	1	2	0	0	8
Sub-Total	126	119	7	0	0	38

TABLE 2 -- Continued

Factors	Total Incidence	Number of Excerpts			Other non- Relatives	Schedules with no Data
		Patient	Wife	Other Relatives		
<u>Socio-Cultural</u>						
Cultural Derivations						
Beliefs	3	2	1	0	0	8
Values	4	2	2	0	0	8
Activity-Patterns	2	2	0	0	0	9
Social Structure and Dynamics						
Family	16	16	0	0	0	3
Educational System	15	13	0	2	0	4
Peer Group	3	3	0	0	0	7
Ethnic Group	10	10	0	0	0	3
Class	0	0	0	0	0	10
Territorial Group	0	0	0	0	0	10
Economic System	23	22	0	0	1	0
Governmental System	20	20	0	0	0	0
Religious System	13	13	0	0	0	0
Sub-Total	109	103	3	2	1	62
Grand Total	235	222	10	2	1	100

TABLE 3  
LOCATION OF DATA

Factors	Total Incidence	Number of Excerpts				Other Discipline	Schedules with no Date
		Summary	T.V. Summary	Communication	Referral Data		
<u>Personality</u>							
Innate or Genetic Potential	21	9	4	3	2	3	1
Basic Thrust, Drives and Instincts	4	3	0	0	0	1	8
Physical Potential	14	8	2	3	1	0	1
Physiological Functioning	14	7	1	3	3	0	3
Ego Functioning							
Identifiable Patterns for reacting to stress	14	8	0	4	2	0	3
Internal Organization of the Personality	17	8	3	4	2	0	2
Degree of Maturity	14	9	1	0	3	1	4
Self-Image	6	5	0	0	1	0	6
Patterns of Interpersonal Relationships	19	10	2	3	3	1	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns, Norms, and Appropriate Feelings for Each	3	1	2	0	0	0	8
Sub-Total	126	68	15	20	17	6	38

TABLE 3 -- Continued

Factors	Total Incidence	Number of Excerpts				Other Discipline	Schedules with no Data
		Summary	T.V. Summary	Communication	Referral Date		
<u>Socio-Cultural</u>							
Cultural Derivations							
Beliefs	3	3	0	0	0	0	8
Values	4	1	3	0	0	0	8
Activity-Patterns	2	2	0	0	0	0	9
Social Structure and Dynamics							
Family	16	9	3	1	3	0	3
Educational System	15	10	0	2	2	1	4
Peer Group	3	2	0	0	1	0	4
Ethnic Group	10	6	0	1	3	0	3
Class	0	0	0	0	0	0	10
Territorial Group	0	0	0	0	0	0	10
Economic Group	23	12	3	1	6	1	0
Governmental System	20	17	1	1	1	0	0
Religious System	13	12	0	0	1	0	0
Sub-Total	109	74	10	6	17	2	62
Grand Total	235	142	25	26	34	8	100



### Stage in Contact

Two stages, Early and Late were utilized in this table because they coincided clearly with suggested headings offered by the research group.

Under Personality Factors, sixty-four of the 126 excerpts were classified early. However, a very significant sixty-two excerpts were classified under Late. These two figures tend to indicate a narrow margin between what the researcher classified as early and late. On the other hand, under Socio-Cultural factors, seventy-six excerpts were classified under Early and thirty-three under Late.

### Origin of Data

Categories for this table are: Social Worker: Own Agency and Other Agency; Unknown and Other Discipline.

There is a significant two-to-one ratio positively directed toward the agency as the originator of data under personality factors. Seventy-seven excerpts from a total of 126 were originated by the social worker in the hospital. Forty-three by the social worker in other Veterans Administration Hospitals or Regional Offices.

Under Socio-Cultural Factors, a total of eighty-six excerpts were classified as originating within the social work service department at Marion. Nineteen originated in other VA institutions by social workers. The total number of excerpts under Socio-Cultural factors was 109. Social workers at Marion commanded a three-to-one ratio in originating the data. There were only two excerpts classified as "Unknown."

TABLE 4  
STAGE IN CONTACT

Factors	Total Incidence	Number of Excerpts		Schedules with no Data
		Early	Late	
<u>Personality</u>				
Innate or Genetic Potential				
Intellectual Potential	21	10	11	1
Basic Thrust, Drives and Instincts	4	4	0	8
Physical Potential	14	10	4	1
Physiological Functioning	14	7	7	3
Ego Functioning				
Identifiable Patterns for Reacting to Stress	14	7	7	3
Internal Organization of the Personality	17	7	10	2
Degree of Maturity	14	8	6	4
Self-Image	6	3	3	6
Patterns of Interpersonal Relationships	19	8	11	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns, Norms, and Appropriate Feelings for Each	3	0	3	8
Sub-Total	126	64	62	38

TABLE 4 -- Continued

	Factors	Total Incidence	Number of Excerpts		Schedules with no Data
			Early	Late	
87	<u>Socio-Cultural</u>				
	Cultural Derivations				
	Beliefs	3	3	0	8
	Values	4	1	3	8
	Activity Patterns	2	2	0	9
	Social Structure and Dynamics				
	Family	16	9	7	3
	Educational System	15	10	5	4
	Peer Group	3	2	1	7
	Ethnic Group	10	7	3	3
	Class	0	0	0	10
	Territorial Group	0	0	0	10
	Economic System	23	13	10	0
	Governmental System	20	17	3	0
	Religious System	13	12	1	0
	Sub-Total	109	76	33	62
	Grand Total	235	140	95	100

TABLE 5  
ORIGIN OF DATA

Factors	Total Incidence	Number of Excerpts				Schedule with no Data
		Own Agency	Social Worker Other Agency	Unknown	Other Discipline	
<u>Personality</u>						
Innate or Genetic Potential						
Intellectual Potential	21	14	4	0	3	1
Basic Thrusts, Drives and Instincts	4	3	0	0	1	8
Physical Potential	14	8	6	0	0	1
Physiological Functioning						
Identifiable Patterns for Reacting to Stress	14	9	5	0	0	3
Internal Organization of the Personality	17	8	9	0	0	2
Degree of Maturity	14	9	4	0	1	4
Self-Image	6	6	0	0	0	6
Patterns of Interpersonal Relationships	19	13	5	0	1	2
Internalization of Cultural- ly Derived Beliefs, Values, Activity Patterns, Norms, and Appropriate Feelings for Each	3	1	2	0	0	8
Sub-Total	126	77	43	0	6	38

TABLE 5 -- Continued

Factors	Total Incidence	Number of Excerpts Social Worker				Schedules with no Data
		Own Agency	Other Agency	Unknown	Other Discipline	
<u>Socio-Cultural</u>						
Cultural Derivations						
Beliefs	3	3	0	0	0	8
Values	4	1	3	0	0	8
Activity Patterns	2	2	0	0	0	9
Social Structure and Dynamics						
Family	16	13	3	0	0	3
Educational System	15	10	4	0	1	4
Peer Group	3	3	0	0	0	7
Ethnic Group	10	9	1	0	0	3
Class	0	0	0	0	0	10
Territorial Group	0	0	0	0	0	10
Economic Sys tem	23	18	3	1	1	0
Governmental System	20	14	5	1	1	0
Religious System	13	13	0	0	0	0
Sub-Total	109	86	19	2	2	62
Grand Total	235	163	62	2	8	100

### Source of Data

This table contains six columns pertaining to the source of data: Patient, Wife, Other Relatives, Social Worker, Other Disciplines and Unknown.

Under Personality Factors, fifty-six excerpts from a total of 126 are credited to the social worker as the source of data. Thirty-one of the 126 excerpts are credited to the patient as the source and twenty-five excerpts were secured from the wife.

On the other hand, under Socio-Cultural Factors, the social worker was the source of forty-five excerpts from a total of 109 excerpts. The patient thirty-six and the wife sixteen.

The data clearly depicts the social worker as the chief source of information with a total of 101 excerpts; secondly, the patient with sixty-seven excerpts and thirdly, the wife with forty-one excerpts. Only eight excerpts were credited to another discipline and two remain unknown.

### Breadth of Data

Table 7, Breadth of Data, was set up to encompass five categories: One Source, Two Sources, Three Sources, Four or More Sources; Unknown.

Of the 126 excerpts under Personality Factors, three sources with a total of seventy-one (71) excerpts was the highest. Two sources with a total of thirty-one (31) excerpts was the second highest. One source produced nineteen (19) excerpts and Four or More, only five (5).

TABLE 6  
SOURCE OF DATA

Factors	Total Inci- dence	Number of Excerpts			Social Worker	Other Disci- pline	Un- known	Schedules with no Data
		Patient	Wife	Other Relatives				
<u>Personality</u>								
Innate or Genetic Potential								
Intellectual Potential	21	9	0	0	9	3	0	1
Basic Thrust, Drives and Instincts	4	0	2	0	1	1	0	8
Physical Potential	14	2	3	4	5	0	00	1
Physiological Function- ing	14	5	3	0	5	1	0	3
Ego Functioning								
Identifiable Pat- terns for react- ing to Stress	14	6	2	1	5	0	0	3
Internal Organiza- tion of the Person- ality	17	3	5	0 0	9	0	00	2
Degree of Maturity	14	2	4	0 0	7	1	0	4
Self*Image	6	1	2	0	3	0	0	6
Patterns of Interper- sonal Relationships	19	3	2	2	11	1	0	2
Internalization of Culturally Derived Beliefs, Values, Activity Patterns, Norms, and Appro- priate Feelings for each	3	0	2	0	1	0	0	8
Sub-Total	126	31	25	7	56	7	0	38



TABLE 6--Continued

Factors	Total Inci- dence	Number of Excerpts Patient	Wife	Other Relatives	Social Worker	Other Disci- pline	Un- Known	Schedules With no Data
<u>Socio-Cultural</u>								
Cultural Derivations								
Beliefs	3	2	1	0	0	0	0	8
Values	4	1	1	0	2	0	0	8
Activity Patterns	2	0	0	0	2	0	0	9
Social Structure and Dynamics								
Family	16	4	3	0	9	0	0	3
Educational System	15	10	0	5	0	0	0	4
Peer Group	3	2	0	0	1	0	0	7
Ethnic Group	10	0	0	0	10	0	0	3
Class	0	0	0	0	0	0	0	10
Territorial Group	0	0	0	0	0	0	0	10
Economic System	23	5	0	0	16	1	1	0
Governmental System	20	8	3	3	5	0	1	0
Religious System	13	4	8	1	0	0	0	0
Sub-Total	109	36	16	9	45	1	2	62
Grand Total	235	67	41	16	101	8	2	100

TABLE 7

## BREADTH OF DATA

Factors	Total Inci- dence	Number of Excerpts			Four or More	Un- known	Schedules with no Data
		One	Two	Three			
<u>Personality</u>							
Innate or Genetic Potential							
Intellectual Potential	21	3	18	0	0	0	1
Basic Thrusts, Drives							
Instincts	4	2	2	0	0	0	8
Physical Potential	14	0	0	10	4	0	1
Physiological Functioning	14	1	0	13	0	0	3
Ego Functioning							
Identifiable Patterns for react- ing to Stress	14	0	0	13	1	0	3
Internal Organization of the Personality	17	9	8	0	0	0	2
Degree of Maturity	14	1	0	13	0	0	4
Self-Image	6	0	0	6	0	0	6
Patterns of Interpersonal Relationships	19	3	0	16	0	0	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns, Norms, and Appropriate Feelings for Each	3	0	3	3	0	0	8
Sub-Total	126	19	31	71	5	0	38

TABLE 7--Continued

Factors	Total Inci- dence	Number of Excerpts			Four or More	Un- known	Schedules with no Data
		One	Two	Three			
<u>Socio-Cultural</u>							
Cultural Derivations							
Beliefs	3	0	3	0	0	0	8
Values	4	2	2	0	0	0	8
Activity Patterns	2	2	0	0	0	0	9
Social Structure and Dynamics							
Family	16	9	7	0	0	0	3
Educational System	15	10	0	0	5	0	4
Peer Group	3	3	0	0	0	0	7
Ethnic Group	10	10	0	0	0	0	3
Class	0	0	0	0	0	0	10
Territorial Group	0	0	0	0	0	0	10
Economic System	23	1	21	0	0	1	0
Governmental System	20	5	11	0	3	1	0
Religious System	13	0	12	0	1	0	0
Sub-Total	109	42	56	0	9	2	62
Grand Total	235	61	87	71	14	2	100

Socio-Cultural factors, with 109 excerpts obtained, exemplified a closeness between Two Sources and Three Sources; Fifty-Six (56) excerpts and forty-two (42) excerpts respectively. No excerpts were obtained under Socio-Cultural Factors from Three Sources.

It is quite evident from the data that the greatest number of excerpts were secured from two sources.

The researcher assumes that some cases necessitated a wider range of sources to adequately assess the patient's social functioning for treatment and exit planning.

#### Interpretation

Only three categories: Datum, Interpretation and Datum and Interpretation were utilized in this table.

The number of excerpts classified in this table exemplify the workers' utilization of factual material in assessing the patient's social functioning.

Under Personality Factors, seventy-six (76) of the 126 excerpts were designated as being Datum. Thirty-four (34) as Interpretation and sixteen (16) as both Interpretation and Datum.

Socio-Cultural factors produced a somewhat different picture. Of the 109 excerpts obtained, ninety-eight (98) were Datum, forty-two (42) were Interpretation and only nineteen (19) Datum and Interpretation.

Table 8 further bears out the researcher's assumption that the Workers utilization of three sources is an attempt to secure as much factual information about the patient as possible.

TABLE 8  
INTERPRETATION

Factors	Total Incidence	Number of Excerpts		Datum and Interpreta- tion	Schedules with no Data
		Datum	Interpre- tation		
<u>Personality</u>					
Innate or Genetic Potential					
Intellectual Potential	21	9	5	7	1
Basic Thrusts, Drives and Instincts	4	2	2	0	8
Physical Potential	14	6	8	0	1
Physiological Functioning	14	10	4	0	3
Ego Functioning					
Identifiable Patterns for Reacting to Stress	14	5	7	2	3
Internal Organization of the Personality	17	13	2	2	2
Degree of Maturity	14	9	0	5	4
Self-Image	6	4	2	0	6
Patterns of Interpersonal Relationships	19	15	4	0	2
Internalization of Culturally Derived Beliefs, Values, Activity Patterns, Norms and Appropriate Feelings for each	3	3	0	0	8
Sub-Total	126	76	34	16	38

TABLE 8--Continued

Factors	Total Inci- dence	<u>Number of Excerpts</u>		Datum and Interpreta- tion	Schedules with no Data
		Datum	Interpre- tation		
<u>Socio-Cultural</u>					
Cultural Derivations					
Beliefs	3	3	0	0	8
Values	4	0	1	3	8
Activity Patterns	2	2	0	0	9
Social Structure and Dynamics					
Family	16	12	4	0	3
Educational System	15	15	0	0	4
Peer Group	3	3	0	0	7
Ethnic Group	10	10	0	0	3
Class	0	0	0	0	10
Territorial Group	0	0	0	0	10
Economic System	23	20	3	0	0
Governmental System	20	20	0	0	0
Religious System	13	13	0	0	0
Sub-Total	109	98	8	3	62
Grand Total	235	174	42	19	100

## CHAPTER V

### SUMMARY AND CONCLUSIONS

The purpose of this study was to test the model for the assessment of social functioning prepared by the Human Growth and Behavior and Research Committees of Atlanta University School of Social Work.

This study was executed by Atlanta University second year students in their various block field work placements throughout the United States.

The model prepared by the Atlanta University School of Social Work consists of two major Divisions: Personality Factors and Socio-Cultural Factors.

Twenty-two factors considered important in assessing the patient's social functioning were described and depicted in tables and the data secured from social service records were statistically placed in these tables. The data relates specifically to Social Service in the Veterans Administration Hospital, Marion, Indiana.

Recognizing the over-all focus of the hospital as being a treatment oriented program, the data obtained substantiated this philosophy.

Focus was overwhelmingly centered on the patient as brought out in Table 2 (Person Discussed). A total of 235 excerpts were obtained and 222 of the total excerpts pertained to the patient, substantiating the treatment-focus-philosophy of the hospital.



With reference to the social worker and his role, Tables four and five add emphasis to his importance.

Table 4 (Stage in Contact) reveals that out of 235 excerpts obtained pertaining to when the data was collected, 140 of this total are listed under "Early" and ninety-five (95) under "Late."

Table 5 (Origin of Data) substantiates the energetic social work staff in that this table depicts 163 incidences of data originating in the hospital by the social worker. Sixty-two originated in other Veterans Administration agencies and only eight incidences were credited to other disciplines.

The workers' search for resources is exemplified in Table 7 (Breadth of Data). Eighty-seven excerpts revealed their breadth as being two sources; seventy-one (71) were secured from three sources.

Table 8 shows the worker relied upon Datum 174 times and Interpretation forty-two (42) times, further substantiating the worker's search for resources for the patients.

In conclusion, the researcher is of the opinion, based upon the data secured that, the model prepared by the Atlanta University School of Social Work coincides in contents with the philosophy of social service in the Veterans Administration Hospital, Marion, Indiana.

# ASSESSMENT\*OF SOCIAL FUNCTIONING: TENTATIVE MODEL

Personality Factors	Social Functioning (role performance) In Social Situations	Socio-Cultural Factors
<p>A. Innate or Genetic Potential</p> <ol style="list-style-type: none"> <li>1. Intellectual potential (intelligence)</li> <li>2. Basic thrust, drives, instincts</li> <li>3. Physical potential</li> </ol> <p>B. Physiological Functioning</p> <p>C. Ego Functioning (intra-psychic adjustment)</p> <ol style="list-style-type: none"> <li>1. Identifiable patterns for reacting to stress and restoring dynamic equilibrium.</li> <li>2. Internal organization of the personality.</li> </ol> <p>D. Degree of maturity</p> <p>E. Self-image</p> <p>F. Patterns of Interpersonal Relationship and Emotional Expression Related thereto.</p> <p>G. Internalizations of culturally derived beliefs, values, norms, activity-patterns, and the feelings appropriate for each.</p>	<p>Adequate role performance requires:</p> <ol style="list-style-type: none"> <li>1. Action consistent with system norms and goals.</li> <li>2. The necessary skills in role tasks and interpersonal relationships.</li> <li>3. The necessary intrapersonal organization.</li> <li>4. Self and other(s) satisfactions</li> </ol>	<p>A. Culture</p> <ol style="list-style-type: none"> <li>1. Beliefs) symbol system</li> <li>2. Values)</li> <li>3. Activity-patterns</li> </ol> <p>B. Subsystem (social structure)</p> <ol style="list-style-type: none"> <li>1. Family</li> <li>2. Education System</li> <li>3. Peer group</li> <li>4. Ethnic group</li> <li>5. Class</li> <li>6. Territorial groups</li> <li>7. Economic System</li> <li>8. Governmental System</li> <li>9. Religious System</li> </ol>

\*Assessment: the identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning.

## ASSESSMENT SCHEDULE

### Identifying Information

Name of Agency: \_\_\_\_\_ Name of Student: \_\_\_\_\_

Social Work Method and  
Field of Practice: \_\_\_\_\_ Date Schedule Completed: \_\_\_\_\_

Agency Staff Member: \_\_\_\_\_

#### Case

Code number of record: \_\_\_\_\_

Client's sex: \_\_\_\_\_

Dates of case duration and client's age:	<u>Date</u>	<u>Age</u>		<u>Date</u>	<u>Age</u>
	Opened _____	_____	Closed	_____	_____
	Opened _____	_____	Closed	_____	_____
	Opened _____	_____	Closed	_____	_____
	Opened _____	_____	Closed	_____	_____
	Opened _____	_____	Closed	_____	_____

(Place asterisk (\*) before the period(s) used in this schedule.)

Nature of the Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inter- preta- tion	Breadth	Source	Origin	Stage in Contact	Loca- tion	Person Discus- ed	Inci- dence							
<b>PERSONALITY FACTORS</b> <b>A. Innate or Genetic Potential</b> <b>1. Intellectual Potential</b> <b>1)</b>														
<b>2)</b>														
<b>3)</b>														
<b>2. Basic Thrusts, Drives, Instincts</b> <b>1)</b>														
<b>2)</b>														
<b>3)</b>														

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